

SERFF Tracking Number: AFLC-125980455 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance Company State Tracking Number: 41312
Company Tracking Number: 1072: GROUP WOP RIDER 2159
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: 1072: Group WOP Rider 2159
Project Name/Number: 1072: Group WOP Rider 2159/1072

Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company

Product Name: 1072: Group WOP Rider 2159 SERFF Tr Num: AFLC-125980455 State: Arkansas
TOI: L04G Group Life - Term SERFF Status: Closed-Approved State Tr Num: 41312
Sub-TOI: L04G.500 Other Co Tr Num: 1072: GROUP WOP RIDER 2159 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
Author: Ronni Jones Disposition Date: 01/12/2009
Date Submitted: 01/12/2009 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 1072: Group WOP Rider 2159

Project Number: 1072

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/12/2009

Deemer Date:

Submitted By: Ronni Jones

Filing Description:

The enclosed group Waiver of Premium Rider, form 2159, is being submitted for review and approval. This Rider is new and does not replace any previously approved rider in your jurisdiction, contains no unusual or controversial elements, and complies with the insurance laws and regulations of your jurisdiction.

Group Rider Series 2159 is a Waiver of Premium Rider that will be issued to members of Group Insurance Trust. This Rider benefit provides that the total premium (including premium for riders) will be waived if the base Insured becomes totally disabled. After 180 consecutive days of disability, the premium will be waived from the date of disability for the duration of the disability.

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The Rider provides coverage under group policies issued in Delaware to the Group Insurance Trust. The Group Insurance Trust was created to provide group life products to individuals within established and defined target markets designated in the Trust Agreement. This Rider will be issued to eligible members of the Group Insurance Trust. This arrangement will reduce the cost of acquisition and therefore justifies the use of a group. Delaware has adopted the NAIC Group Life Insurance Standard Provisions Model Act, commonly known as the "three prong" test. Reciprocity is requested.

This Rider will be used with Group Convertible Term Life Policy AAA234-P, which has been filed and approved in our Situs state, Delaware. Application AAA5089-C, previously approved in your jurisdiction on 6/23/2004, will be used to apply for this Rider if selected when applying for term life certificate AAR234-C, previously approved in your jurisdiction on 3/8/2005.

This Rider will also be used with Group Convertible Term Life Policy AAA263-P which has been filed and approved in our Situs state, Delaware. Application AAA5092-C, previously approved in your jurisdiction on 7/14/2005, will be used to apply for this Rider if selected when applying for term life certificate AAR263-C, previously approved in your jurisdiction on 7/14/2005.

Company and Contact

Filing Contact Information

Ronni Jones, Associate Compliance Analyst ronni.jones@americo.com
 300 W. 11th Street 816-512-2831 [Phone]
 Kansas City, MO 64105 816-391-2083 [FAX]

Filing Company Information

Americo Financial Life and Annuity Insurance CoCode: 61999 State of Domicile: Texas
 Company
 300 West 11th Street Group Code: 449 Company Type:
 Kansas City, MO 64105 Group Name: State ID Number:
 (800) 231-0801 ext. [Phone] FEIN Number: 35-0810610

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/12/2009	01/12/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correction to Form Number Referenced in Filing Description	Note To Reviewer	Ronni Jones	01/12/2009	01/12/2009

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Disposition

Disposition Date: 01/12/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Waiver of Premium Rider		Yes

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Note To Reviewer

Created By:

Ronni Jones on 01/12/2009 12:37 PM

Last Edited By:

Linda Bird

Submitted On:

01/12/2009 02:59 PM

Subject:

Correction to Form Number Referenced in Filing Description

Comments:

We noticed a typo in the filing description after this filing was submitted. Form number AAR234-C, referenced in the last sentence of the fourth paragraph of the filing description, should be AAR234-C (02/2005).

Please let us know if you have any questions. We apologize for any inconvenience this may have caused you.

Thank you.

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Form Schedule

Lead Form Number: AAA2159

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AAA2159	Policy/Cont Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.200	AAA2159.pdf

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

WAIVER OF PREMIUM RIDER

Americo Financial Life and Annuity Insurance Company has issued this rider as a part of the certificate to which it is attached, provided this rider is listed on the Certificate Data Page.

This rider has no cash value. All terms of the certificate which are not inconsistent with this rider apply to this rider.

RIDER BENEFIT

We will waive, or refund if previously paid, the premium for the certificate and any riders listed on the Certificate Data Page if:

- (a) total disability commences on or before the Insured's 60th birthday;
- (b) the Insured is totally disabled as defined below; and
- (c) total disability exists continuously for 180 consecutive days.

As long as the Insured remains totally disabled as defined below, the premium will be waived to the certificate anniversary on which the Insured is age 60 or for two (2) years, whichever is longer.

The Company will provide this benefit for a period prior to the date the Company receives written notice of claim. The longest the period may be is six (6) months, unless proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one (1) year from the time proof is otherwise required.

EXCLUSIONS AND LIMITATIONS

The premium will not be waived during a period of disability under the following circumstances:

- (a) If the grace period, as defined in the certificate, expires before the date the total disability begin.
- (b) If the total disability is a result of:
 - (1) a disease or injury that occurred prior to the effective date of this rider, unless the condition was shown in the application; or
 - (2) intentional self-inflicted injury; or
 - (3) war or insurrection or any act attributable thereto, whether or not the Insured was in military or naval service. War means declared or undeclared armed aggression by one or more countries resisted by or on orders of any country, combination of countries, or international organizations.

TOTAL DISABILITY

Total disability means a disability which prevents the Insured from performing the material and substantial duties of his or her occupation during the first twenty-four (24) months of disability and from performing the material and substantial duties of any and all employment or occupation for which he or she becomes qualified by reason of education, training or experience thereafter.

Even if working, the Insured will be deemed totally disabled if he or she has lost and cannot recover any of the following:

- (a) the sight of both eyes;
- (b) both hands at or above the wrists;
- (c) both feet at or above the ankles; or
- (d) one hand and one foot at or above the joints.

NOTICE AND PROOF OF TOTAL DISABILITY

We must receive at Our Office written notice and proof satisfactory to Us of the Insured's total disability.

The notice must be received:

- (a) while the Insured is living and totally disabled;
- (b) not later than one (1) year after the termination of this rider; and
- (c) within one (1) year after the due date of the premium that was requested to be waived or refunded.

Failure to give this notice within the time allowed will not deprive You of the benefit if that notice was given as soon as reasonably possible.

PROOF OF CONTINUANCE OF DISABILITY

We may ask for proof that the Insured is still totally disabled. We may ask that the Insured take one or more physical examinations. We will pay for these examinations and will choose the examiner. We will not ask for such an examination more than once a year, unless the disability is less than two (2) years old.

We will stop waiving the premiums at the earlier of:

- (a) 30 days after the date We ask for proof, and it is not provided; or
- (b) the date the Insured recovers.

Failure to provide proof within the time allowed will not, however, deprive You of this benefit if evidence is provided that proof was given as soon as reasonably possible.

DISABILITY COMMENCING DURING GRACE PERIOD

This rider will continue to operate during the grace period.

RIDER PREMIUM

The premium for this rider is shown on the Certificate Data Page.

TERMINATION

This rider will terminate on the earliest of the following dates:

- (a) the certificate anniversary on which the Insured is age 60, but not less than two (2) years following the onset of the total disability;
- (b) the date the certificate is terminated for any reason;
- (c) the date of receipt of a written request; or
- (d) the date a death benefit is payable under the certificate.

CONSIDERATION

This rider is issued in consideration of the application, a copy of which is attached to the certificate, and payment of the premium for this rider.

EFFECTIVE DATE

The effective date of this rider will be the Certificate Date, unless a later date is shown below.

Effective Date:



SECRETARY

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Certification/Notice		
Comments:		
Attachment:		
2159 RDB.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable		
Comments:		

READABILITY CERTIFICATION

COMPANY: Americo Financial Life and Annuity Insurance Company

NAIC #: 0449-61999

I hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test.

Form Number	Form Description	Readability Score
AAA2159	Waiver of Premium Rider	51.2

J. L. Fortini

Vice President Legal & Secretary
Title

January 9, 2009
Date